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Print Name: ROBERT WATTS

Signed: Robert Watts



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Owens

Examiner: C. Bottorff

Serial No.: 09/977,122

Art Unit: 3618

Filed: October 12, 2001

Confirmation No. 2411

For: **INWARDLY FOLDING AMBULATORY
DEVICE WITH AN UPWARDLY
PIVOTABLE SEAT**

Attorney Docket No.: 12873/04289

Commissioner for Patents
Alexandria, VA 22313

AMENDMENT

Dear Sir:

Applicant provides the following response to the Office Action of August 10, 2004, and respectfully requests favorable reconsideration of this application.

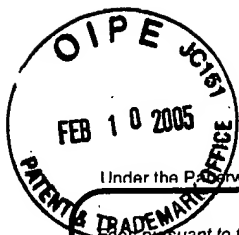
Amendments to the claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 21 of this paper.

02/15/2005 BABRAHAI 00000135 09977122

01 FC:1253
02 FC:1202

~~1020.00~~ OP
800.00 OP



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Patent Work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1820.00

Complete if Known

| | |
|----------------------|---------------|
| Application Number | 09/977,122 |
| Filing Date | Oct. 12, 2001 |
| First Named Inventor | Owens |
| Examiner Name | C. Bottorff |
| Art Unit | 3618 |
| Attorney Docket No. | 12873/04289 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | 62 | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|----|--------------|----------|---------------|
|--------------|----|--------------|----------|---------------|

| | | | | | | |
|----|--------------|----|---|----|---|-------|
| 78 | - 20 or HP = | 16 | x | 50 | = | \$800 |
|----|--------------|----|---|----|---|-------|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | 11 | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|----|--------------|----------|---------------|
|---------------|----|--------------|----------|---------------|

| | | | | | | |
|----|-------------|----|---|---|---|---|
| 11 | - 3 or HP = | 11 | x | 0 | = | 0 |
|----|-------------|----|---|---|---|---|

HP = highest number of independent claims paid for, if greater than 3.

| Multiple Dependent Claims | |
|---------------------------|---------------|
| Fee (\$) | Fee Paid (\$) |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|-------------------|---------------------|--|-------------------------|
| Signature | | Registration No. (Attorney/Agent) 40,632 | Telephone (216)622-8477 |
| Name (Print/Type) | Warren M. Haines II | | Date 2/12/05 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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